

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>214501377</b>								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>FIRST NATIONAL CORPORATION</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>SCOTT C HARVARD</b>  <b>112 W KING ST</b>  <b>STRASBURG, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>SHENANDOAH COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>2/28/2014</b></p> <p>SCC ID NO: <b>02390086</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>8,000,000</td> </tr> <tr> <td>PREFER</td> <td>985,405</td> </tr> <tr> <td>CUMPA</td> <td>13,900</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	8,000,000	PREFER	985,405	CUMPA	13,900
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PREFER	985,405									
CUMPA	13,900									
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 112 WEST KING STREET</p> <p style="text-align: center;">CITY/ST/ZIP: STRASBURG, VA 22657</p>										
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SCOTT C. HARVARD  TITLE: PRESIDENT  ADDRESS: 508 COURTFIELD AVENUE  CITY/ST/ZIP/CO: WINCHESTER, VA 22601 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SCOTT C. HARVARD TITLE: PRESIDENT ADDRESS: 508 COURTFIELD AVENUE CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR						
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: M. SHANE BELL  TITLE: EVP/CFO  ADDRESS: 180 SPRING VALLEY ROAD  CITY/ST/ZIP/CO: WINCHESTER, VA 22603 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: M. SHANE BELL TITLE: EVP/CFO ADDRESS: 180 SPRING VALLEY ROAD CITY/ST/ZIP/CO: WINCHESTER, VA 22603	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR						
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DENNIS A. DYSART  TITLE: SR. EVP/CCO  ADDRESS: 49 MANOR DRIVE  CITY/ST/ZIP/CO: EDINBURG, VA 22824 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DENNIS A. DYSART TITLE: SR. EVP/CCO ADDRESS: 49 MANOR DRIVE CITY/ST/ZIP/CO: EDINBURG, VA 22824	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR						
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN K. MARLOW  TITLE: VICE CHAIRMAN  ADDRESS: 707 COMMERCE AVENUE  CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOHN K. MARLOW TITLE: VICE CHAIRMAN ADDRESS: 707 COMMERCE AVENUE CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR						
NAME: JOHN K. MARLOW TITLE: VICE CHAIRMAN ADDRESS: 707 COMMERCE AVENUE CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DOUGLAS C. ARTHUR  TITLE: CHAIRMAN  ADDRESS: P.O. BOX 110  CITY/ST/ZIP/CO: STRASBURG, VA 22657 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DOUGLAS C. ARTHUR TITLE: CHAIRMAN ADDRESS: P.O. BOX 110 CITY/ST/ZIP/CO: STRASBURG, VA 22657	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR						
NAME: DOUGLAS C. ARTHUR TITLE: CHAIRMAN ADDRESS: P.O. BOX 110 CITY/ST/ZIP/CO: STRASBURG, VA 22657	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ELIZABETH H. COTTRELL  TITLE: DIRECTOR  ADDRESS: 989 BLACK BEAR ROAD  CITY/ST/ZIP/CO: MAURERTOWN, VA 22644 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ELIZABETH H. COTTRELL TITLE: DIRECTOR ADDRESS: 989 BLACK BEAR ROAD CITY/ST/ZIP/CO: MAURERTOWN, VA 22644	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR						
NAME: ELIZABETH H. COTTRELL TITLE: DIRECTOR ADDRESS: 989 BLACK BEAR ROAD CITY/ST/ZIP/CO: MAURERTOWN, VA 22644	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR									

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A. DAVIS DIRECTOR 504 MARION STREET WINCHESTER, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER E. FRENCH DIRECTOR 2040 RIDGELEY ROAD WOODSTOCK, VA 22664	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT C. HARVARD DIRECTOR 508 COURTFIELD AVENUE WINCHESTER, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GERALD F. SMITH, JR. DIRECTOR P.O. BOX 3588 WINCHESTER, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES R. WILKINS, III DIRECTOR 13 SOUTH LOUDOUN STREET WINCHESTER, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MILES K. DAVIS DIRECTOR 40478 TIM TAM COURT LEESBURG, VA 20176-7149	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES R. WILKINS, III DIRECTOR 1016 LAKE SAINT CLAIR DRIVE WINCHESTER, VA 22603	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ M. SHANE BELL		M. SHANE BELL, EVP/CFO	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			